

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11958**
2356

FILED MAR 24 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri				c. CITY (If outside corporate limits, write RURAL and give township) West Walnut Manor 4140			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS (If rural, give location) 5720 Beldon Drive			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) F.		c. (Last) MACDONALD	
4. DATE OF DEATH FEBRUARY 28, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	
8. DATE OF BIRTH 8 - 19 - 1884		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Used Car Dealer		10b. KIND OF BUSINESS OR INDUSTRY Auto. Industry	
11. BIRTHPLACE (City and State or Foreign Country) Rochester, N. Y.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Archibald Mac Donald		13b. MOTHER'S MAIDEN NAME -- Nephsey	
14. NAME OF HUSBAND OR WIFE Mary MacDonald Lawhon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME John F. MacDonald JR.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis ANTECEDENT CAUSES Cerebral Arteriosclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) -- P + had undiagnosed brain disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		20. INTERVAL BETWEEN ONSET AND DEATH _____		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X	
22. I hereby certify that I attended the deceased from 1-12-53 , 19____, to 2-28-53 , 19____, that I last saw the deceased alive on 2-28-53 , 19____, and that death occurred at 12:50 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE John M. Wallace M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 3-2-53		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3/3/53		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Haral	
DATE REC'D BY LOCAL REG. MAR 2 1953		REGISTRAR'S SIGNATURE J. C. Smith		ADDRESS 1905 Union Blvd.		25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Haral	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Albert R. Thompson Jr.

Licensed Embalmer No. *4337*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.